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FORM DSEC Mail Mail Processing Section

APR 0 7 2008

Washington, DC 106

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPR	OVAL
OMB Number:	3235-0076
Expires:	
Estimated average	je burden
hours per respon	se 16.00
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Bucyrus Senior Housing Partners, Ltd. Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	☐ nroe	
-		1 10000 22/01 1000 22/01 01000 0001 10000 12
A. BASIC IDENTIFICATION DATA		
l Enter the information requested about the issuer		
Name of Issuer (check if this is an amendment and name has changed, and indicate change)	•	08043897
Bucyrus Senior Housing Partners, Ltd.		
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (In	actuding Area Code)
12123 Fleasant Valley (Code, Chillicottic, CT) 10001	740-772-1396	The Property Codes
Address of Principal Business Operations (Number and Street, City. State, Zip Code) (if different from Executive Offices) N/A	Telephone Number (i	PROCESSEI
Brief Description of Business	777	ADD 4 4 sees
Development and operation of low-income housing		APR 1 4 2008
Conformation Confo	lease specify): llability company alread	THOMSON FINANCIAL by formed
Actual or Estimated Date of Incorporation or Organization: DIS DI7 Actual Estimated Date of Incorporation or Organization: (Enter two-letter U S Postal Service abbreviation for State CN for Canada: FN for other foreign jurisdiction) GENERAL INSTRUCTIONS		····
Federal: 11tho Must File All issuers making an offering of securities in reliance on an exemption under Regulation D of 77d(6) 11then To File A notice must be filed no later than 15 days after the first sale of securities in the offering		
and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address	elow or, if received at that	address after the date on
Where To File US Securities and Exchange Commission, 450 Fifth Street, NW, Washington, DC 20		
Copies Required Five 15) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or hear typed or printed signatures		
Information Required A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C and any material changes from the information previously supplied to tiled with the SEC.	rt the name of the issuer a lied in Parts A and B. Part	ind offering, any changes E and the Appendix need
Filing Fee There is no federal filing fee		
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for s ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the sare to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law this notice and must be completed.	Securities Administrator r the exemption, a fee in	the proper amount shall
ATTENTION		. 4-71 4- 471- 14-
Failure to file notice in the appropriate states will not result in a loss of the federal e appropriate federal notice will not result in a loss of an available state exemption unle filing of a federal notice.	xemption. Converseluss such exemption is	y, tailure to file the predictated on the

A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
• Each promoter of the issuer, if the issuer has been organized within the past five years;
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issu
 Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
Each general and managing partner of partnership issuers.
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Bucyrus Senior Housing Partners, Inc.
Business or Residence Address (Number and Street, City, State, Zip Code) 12125 Pleasant Valley Road, Chillicothe, OH 45601
Check Box(es) that Apply: Promoter Beneficial Owner Z Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Arcaro, Gregory J.
Business or Residence Address (Number and Street, City, State, Zip Code)
12125 Pleasant Valley Road, Chillicothe, OH 45601
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Workman, Paul E.
Business or Residence Address (Number and Street, City, State, Zip Code)
12125 Pleasant Valley Road, Chillicothe, OH 45601
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Ohio Equity for Housing Limited Partnership XVII
Business or Residence Address (Number and Street, City, State, Zip Code)
88 East Broad Street, Suite 1800, Columbus, OH 43215
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
(Use blank sheet or copy and use additional copies of this sheet, as necessary)

`•			··	B. 17	FORMATI	он авоџ	T OFFERIN	NG	,			
								rhio e (Cart	n n 2		Yes	No No
1 Has the	issuer sold	, or does th), to non-ac Appendix,							<u>(5)</u>
2 What is	the minim	um investm							-		s	
	What is the minimum investment that will be accepted from any individual?										Yes	No
												X
commiss If a person states	sion or simi on to be list . list the na	lar remuner ted is an ass me of the b	ration for s ociated pe roker or de	olicitation rson or age aler. II mo	tho has bee of purchase int of a brok ore than five on for that	rs in conne er or deale : (5) person	ction with: r registered is to be liste	sales of sec I with the S ed are asso	curities in II EC and/or	ne offering with a state	e e	
Full Name (I N/A	ast name (first, if indi	vidual)									
Business or	Residence	Address (N	umber and	Street, Ci	ty. State, Z	ip Code)						
Name of Ass	ociated Br	oker or Dea	aler				·····					
States in Wh						urchosers						
(Check	"All States	" ar check	individual	States) .						•	□ VI	l States
AL []L [MT] [R]	AK IN NE SC	AZ IA NV SD	KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Full Name (Last name	first, if indi	ividual)							·		
Business or	Residence	Address (1	Number an	d Street, C	ity, State.	Zip Code)		··	· ···		···	
Name of As	sociated Br	oker or De	aler			·	111	**	,			
States in Wi	ich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers				······································		
(Check	"All States	i" or check	individual	States)							. 🔲 AI	1 States
AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY N) TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MX WI	MS OR WY	ID MO PA PR
Full Name (Last name	first. if ind	ividual)									
Business or	Residence	: Address (Number an	d Street, C	City. State.	Zip Code)						····-
Name of As	sociated B	roker or De	aler									• • • • • • • • • • • • • • • • • • • •
States in W	nich Persor	Listed Ha	s Solicited	or Intend	s to Solicit	Purchasers						
		s" or check			•			•			. 🔲 A	ll States
AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Enter the aggregate offering price of securities included in this offering and the total amount already sold Enter "0" if the answer is "none" or "zero". If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged Amount Already Aggregate Offering Price Sold Type of Security Common Preferred Convertible Securities (including warrants) Partnership Interests Other (Specify _ Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero " Aggregate Dollar Amount Number of Purchases Investors s 5,332.059.00 Accredited Investors \$ 0.00 Non-accredited Investors \$ 5,332,059.00 Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. Dollar Amount Type of Security Sold Type of Offering Rule 505 Regulation A . Rule 504 Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate Transfer Agent's Fees Printing and Engraving Costs. . 25,000.00 Legal Fees . \$ 2,500.00 Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately) Other Expenses (identify) _ 27,500.00

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Total .

C. OFFERING PRICE,	NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
and total expenses furnished in response to Part proceeds to the issuer."	c offering price given in response to Part C — Question C	ross	\$5,304,559.00
each of the nurnoses shown. If the amount	oss proceed to the issuer used or proposed to be used for any purpose is not known. Sumish an estimate total of the payments listed must equal the adjusted good Part C — Question 4 b above	and	
		Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees		\$ 525,000.00	s
Purchase of real estate.	•	□ \$	□ s
Purchase, rental or leasing and installation of and equipment	of machinery	s	s
Construction or leasing of plant buildings a	nd facilities .	□ s	s 4,624.332.00
	he assets or securities of another		
		_ \$	S
	$(x,y) = (x,y) \cdot (x,y) = (y,y) \cdot (x,y) \cdot (x,y) = (y,y) \cdot (x,y) \cdot (x,y) \cdot (y,y) \cdot (y,y$		S 155,227.00
Other (specify):		[] \$	
		s	
Column Totals		∑ \$ 525,000 00	S 4,779,559.00
Total Payments Listed (column totals added	i)	s <u></u> 5.	304,559.00
	D. FEDERAL SIGNATURE		
cianature constitutes on undertaking by the issue	I by the undersigned duly authorized person. If this r r to furnish to the U.S. Securities and Exchange Co on-accredited investor pursuant to paragraph (b)(2	mmission, upon writte	ile 505, the following in request of its staff.
Issuer (Print or Type)	Signatures	Date	
Bucyrus Senior Housing Partners, Ltd	Chyn Acur to	March 18, 2008	
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
Gregory J. Arcaro	President of Bucyrus Senior Housing Par	rtners, Inc., Member	

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

٠)	Is any party described in 17 CF	R 230.262 presently subject to any of the d	isqualification	Yes	No					
	provisions of such rule?									
		See Appendix, Column 5, for state	response.							
2	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Fore D (17 CFR 239 500) at such times as required by state law.									
3	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees									
4	limited Offering Exemption (UL	nts that the issuer is familiar with the condition OE) of the state in which this notice is filed not conditions have	i and understands that the issuer	e entitled to claiming th	the Unitorn e availability					
	uer has read this notification and kn thorized person	ows the contents to be true and has duly caus	ed this notice to be signed on its	behalf by the	undersigned					
Issuer	Print or Type)	Signature	Date							
Name (Print or Type)	Title (Print or Type)	1							

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures

	APPENDIX										
***	Intend to non-a investor	to sell coredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	4				Disquali under Sta (if yes, explana waiver	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
AL									<u> </u>		
AK											
AZ									<u> </u>		
AR									<u> </u>		
CA											
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KY				ļ							
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APPENDIX ĭ 2 Disqualification under State ULOE Type of security and aggregate (if yes, attach intend to sell explanation of offering price Type of investor and to non-accredited waiver granted) offered in state amount purchased in State investors in State (Part E-Item 1) (Part C-Item 1) (Part C-Item 2) (Part B-Item 1) Number of Number of Non-Accredited Accredited Yes No Investors Investors Amount Yes No Amount State MO MT NE NV NH NJ NM NY NC ND ОН OK OR PA RI SC SD IN ΤX UT VT ٧A WA w۷ w

				АРР	ENDIX				
1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State UL OE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									

